

**State of Nevada  
Transportation Services Authority**

**Application for Sale and Transfer of a  
Certificate or Permit of Tow Car Service**

(Check One)

- ☐ **Consent Tows**
- ☐ **Non Consent Tows**
- ☐ **Both**

In the matter of the application of \_\_\_\_\_

dba \_\_\_\_\_

for authority to sell and transfer; and \_\_\_\_\_

dba \_\_\_\_\_

to purchase and acquire Certificate of Permit number: PSC \_\_\_\_\_; CPC A- \_\_\_\_\_

CPCN \_\_\_\_\_.

**Please read the instructions carefully before preparing exhibits and attaching forms.  
When complete, file your original and 9 copies of this application along with the required  
filing fee and estimated publication cost to:**

Transportation Services Authority  
2290 South Jones Blvd., Suite 110  
Las Vegas NV 89146

The joint application of \_\_\_\_\_

dba \_\_\_\_\_ to purchase and acquire

Certificate CPCN \_\_\_\_\_, authorizing the services shown by the Certificate.

**Exhibit # 1**

Attach a copy of the Certificate to be transferred and label and tab as Exhibit # 1.

**Exhibit # 2**

Attach a written agreement covering the sale of said Certificate, signed by both the Seller and the Buyer. This should include all the terms and conditions for the sale and transfer and shall not have a dollar value assigned to the Certificate. Label and tab as Exhibit # 2.

**Please note that the Buyer may not operate under the Certificate until the Sale and Transfer of the Certificate has been approved by this Agency.**

### Exhibit # 3

Seller completes the affidavit, label and tab Exhibit # 3.

#### OATH

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state that he or she files this application as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) \_\_\_\_\_; that, in such capacity, he is qualified and authorized to file and verify such application; that he or she has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular, if requested by the Transportation Services Authority.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Attorney, if any

## Exhibit # 4

Wherefore, the joint applicants request the Transportation Services Authority enter its order granting the Certificate transfer.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Name of Seller (print or type)

\_\_\_\_\_  
Name of Buyer (print or type)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Applicants' Attorney (if any)

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Name of Attorney (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Label and tab as Exhibit # 4**

**Exhibit # 5****OATH OF SELLER**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

\_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to seller, that is, owner or proprietor, title as officer of applicant corporation or association, partner of applicant partnership or other authorized representative of applicant) \_\_\_\_\_; that in such capacity I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information and belief. Affiant further states the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a  
Notary Public, in and for the state and  
county above named, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

**OATH OF BUYER**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

\_\_\_\_\_, being duly sworn, state that I file this application as (indicate relationship to buyer, that is, owner or proprietor, title as officer of applicant corporation or association, partner of applicant partnership or other authorized representative of applicant) \_\_\_\_\_; that in such capacity I am qualified and authorized to file and verify such application; that I have carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information and belief. Affiant further states the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a  
Notary Public, in and for the state and  
county above named, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

**Label and tab as Exhibit # 5**

## BUYER INFORMATION

**Enter the name, title and address of the various officials of the corporation or owner or partners, and their interests.**

If operating as an individual, name, address, work phone number, home phone number, social security number, driver's license number and date of birth.

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If a partnership, name, address and phone numbers of partners and attach a copy of the partnership agreement.

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If a corporation, list the five largest shareholders, their addresses and percent of stock owned. Attach a copy of the articles of incorporation and corporate charter.

1.

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2.

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3.

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4.

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5.

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If a corporation, list the names and addresses of each of the current officers.

President\_\_\_\_\_

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Vice  
President\_\_\_\_\_

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Secretary\_\_\_\_\_

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Treasurer\_\_\_\_\_

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General Manager\_\_\_\_\_

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**Exhibit # 6**

Complete the attached form listing the location from which the Buyer intends to provide tow car or storage service. Label and tab as Exhibit #6.

**Exhibit # 7**

Complete the attached form providing the name and address of all entities, which are owned or controlled by the Buyer that provides transportation services. Label and tab as Exhibit #7

**Exhibit # 8**

Attach copies of each business license, fictitious name certificate, articles of incorporation, or other licenses, certificates or registration that authorize the Buyer to conduct business in the state of Nevada. Label and tab as Exhibit # 8.

**Exhibit # 9**

If Buyer is a corporation incorporated in another state, please attach a copy of the articles of incorporation for that state. Label and tab as Exhibit # 9.

**Exhibit # 10**

Attach your certificate of insurance and Form E (Accord) demonstrating that Buyer has insurance that complies with NAC 706. Or, provide documentation from an insurance agent verifying that the insurance is available to the Buyer if the Transportation Services Authority decides to certificate the Buyer as a tow car operator. Label and tab Exhibit # 10.

**Exhibit # 11**

Provide a sample of the dispatch log that will be used. (See NAC 706.430) Attach and label and tab as Exhibit # 11.

**Exhibit # 12**

Provide a copy of the complaint procedures that will be used. (See NRS 706.4473) Attach and label and tab as Exhibit # 12.

**Exhibit # 13**

Provide a copy of a sample invoice that the Buyer will use for Tow car services. (See NAC 706.420) Attach and label and tab as Exhibit # 13.

**Exhibit # 14**

Complete the attached form identifying all equipment that will be used to provide tow car service. Attach and label and tab as Exhibit # 14.

**Exhibit # 15**

Attach copy of Buyer's Amber Light Permit. Label and tab as Exhibit # 15.

**Exhibit # 6**

Business/Dispatch Offices:

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Equipment Points:

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Storage Yard:

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_



**Exhibit # 7**

Entities owned or controlled by Buyer that provide transportation services:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

## Exhibit # 14

### Vehicle 1

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

VIN# \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Plate # \_\_\_\_\_ Tow Plate # \_\_\_\_\_

Type of Equipment (slide back, sling, or wheel lift) \_\_\_\_\_

### Vehicle 2

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

VIN# \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Plate # \_\_\_\_\_ Tow Plate # \_\_\_\_\_

Type of Equipment (slide back, sling, or wheel lift) \_\_\_\_\_

### Vehicle 3

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

VIN# \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Plate # \_\_\_\_\_ Tow Plate # \_\_\_\_\_

Type of Equipment (slide back, sling, or wheel lift) \_\_\_\_\_

### Vehicle 4

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

VIN# \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Plate # \_\_\_\_\_ Tow Plate # \_\_\_\_\_

Type of Equipment (slide back, sling, or wheel lift) \_\_\_\_\_

### Vehicle 5

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

VIN# \_\_\_\_\_

Gross Vehicle Weight \_\_\_\_\_ Plate # \_\_\_\_\_ Tow Plate # \_\_\_\_\_

Type of Equipment (slide back, sling, or wheel lift) \_\_\_\_\_